



Motor Vehicle Commission

APPLICATION FOR RED LIGHT PERMIT FOR COUNTY EMERGENCY MANAGEMENT COORDINATOR

Date _____

I, _____
(print name and address of applicant)

hereby apply for a Red Light/Siren Permit for the following vehicle:

NJ Driver License Number _____

Name of Registered Owner/Lessee _____

Street Address _____

City, County, State, Zip _____

Vehicle make, model, year _____

Registration Plate No. _____ VIN _____

Describe use of vehicle _____

Signature of Applicant _____ Title _____

Organization _____ Corp Code _____

THIS SECTION IS TO BE COMPLETED BY THE DIRECTOR OF THE BOARD OF CHOSEN FREEHOLDERS:

I, _____, the Director of the Board of Chosen Freeholders for
_____ County, affix my signature in approval of the above application to be granted a permit
for the use of a red light/siren on the vehicle described above.

Director, Board of Chosen Freeholders

THIS SECTION IS TO BE COMPLETED BY THE DIRECTOR OF THE STATE OFFICE OF EMERGENCY MANAGEMENT:

I affix my signature in agreement to the approval of the County Emergency Management Coordinator for
the above applicant to be granted a permit for the use red light/siren.

Director, State Office of Emergency Management

ATTACH THE FOLLOWING: A copy of the registration for the vehicle described above; a copy of the lease
agreement/contract if the vehicle is leased; the letter of request from your municipality.

